

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **34900**

FILED NOV 9 1948

Registration District No. **2**

Primary Registration District No. _____

Registrar's No. **2431**

1. PLACE OF DEATH:

(a) County **ST. Louis**
(b) City or town **CLAYTON**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ST. Louis County
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **26 DAYS**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **John F. FAHRNER**

3. (b) If veteran **No** (3) Social Security No. **794-03-2605**
name war **No**

4. Sex **MO** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **S**
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **JAN. 28 1913**
(Month) (Day) (Year)

8. AGE: Years **75** Months **8** Days **21**
If less than one day hr. _____ min. _____

9. Birthplace **Austria** (City, town, or county) (State or foreign country)

10. Usual occupation **RETIRED**

11. Industry or business _____

12. Name **JO. FAHRNER**

13. Birthplace **Austria** (City, town, or county) (State or foreign country)

14. Maiden name **MARI**

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant **COUNTY HOSP. RECORDS**

(b) Address **CLAYTON, MO.**

17. (a) **burial** (b) Date thereof **10/22/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Resurrection Cemetery**

18. (a) Signature of funeral director **Joseph W. Clark**

(b) Address **1125 Hodiarent**

19. (a) **10-21-48** (b) **George J. Shapiro**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **ST. Louis**
(c) City or town **CLAYTON**
(If outside city or town limits, write "RURAL")
(d) Street No. **6235 BARTMER**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **OCT.** day **19**
year **1948** hour **10** minute **20 AM**

21. I hereby certify that I attended the deceased from **Sept. 24**
1948 to **Oct. 19** 1948
that I last saw him alive on **OCT. 19**
and that death occurred on the date and hour stated above

Immediate cause of death **peripheral circulatory failure**
Due to **generalized arteriosclerosis**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) **97**

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature **H. W. Witter** (M. D. or other) **MD**

Address **6012 Brentwood** Date signed **10-22-48**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Jos. W. Clark

Undertaking Co.

Address 1125 Hodiamont Ave.

St. Louis, Mo.

EMBALMER'S CERTIFICATION

This is to certify that I, the undersigned, a licensed embalmer, personally and efficiently embalmed the following described cadaver:

Full name John J. Fahrner Race White

Place and date of death Co. Hospt, St. Louis Co. Mo. Oct. 19 1948

Physician (or Coroner) signing Certificate

Place and date of Embalming Oct 19 1948 1125 Hodiamont Ave. St. Louis

Remarks

Signed

Alfred J. Borchers

Missouri License No.

2663

S-34900